

copy

Mississippi Crime Laboratory

GUNSHOT RESIDUE ANALYSIS INFORMATION FORM

(Fill out all information requested and return to kit envelope)

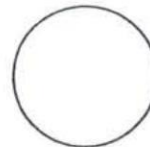
Agency Name: Meridian Police Dept
Agency Case No: 1-14-008628 Type of Offense: Suicide

SHOOTING INFORMATION

Date and time shooting occurred: Date: 2/26/14 Time: 3-6^{es.} am
Place (Example — in kitchen, parking lot, indoor outdoor): Bathroom

Type of Firearm Used: semi-Auto Kimber Caliber: 45
Caliber of Ammunition Used: 45 Manufacturer of Ammunition: * winchester
Number of Shots Fired: 1

* Note: If cartridge manufacturer is unknown, draw head stamp here:



Base of Cartridge

SUSPECT INFORMATION

Suspect's Full Name: Dylan Swearingen w/m

Suspect is: ☒ Living ☐ Dead

Suspect is: ☐ Right-handed ☒ Left-handed

Has suspect washed his/her hands since shooting? ☐ Yes ☒ No ☐ Unknown

Suspect's Occupation: Mechanic

Brief description of suspect's activity between the time of the shooting and the time the GSR stubs were taken: unk

Collecting Officer's Name: Chris Scott

(Please Print)

Collecting Officer's Signature: [Signature]

Date: 2/26/14 and Time: 6:00 p.m. pm of GSR collection.

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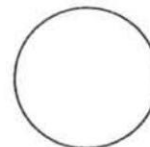
Agency Name: Meridian Police Dept.
Agency Case No: 1-14-008628 Type of Offense: Suicide

SHOOTING INFORMATION

Date and time shooting occurred: Date: 2/26/14 Time: 3-6 pm
Place (Example — in kitchen, parking lot, indoor, outdoor): Bathroom

Type of Firearm Used: Semi-Auto Kimber Caliber: 45
Caliber of Ammunition Used: 45 Manufacturer of Ammunition: Winchester
Number of Shots Fired: 1

* Note: If cartridge manufacturer is unknown, draw head stamp here:



Base of Cartridge

SUSPECT INFORMATION

Suspect's Full Name: Whitley Goodman

Suspect is: ☒ Living ☐ Dead

Suspect is: ☒ Right-handed ☒ Left-handed

Has suspect washed his/her hands since shooting? ☐ Yes ☒ No ☐ Unknown

Suspect's Occupation: unemployed

Brief description of suspect's activity between the time of the shooting and the time the GSR stubs were taken: unk

Collecting Officer's Name: Darrel Thompson
(Please Print)

Collecting Officer's Signature: [Signature]

Date: 2/26/2014 and Time: 17:45 pm of GSR collection.

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GUNSHOT RESIDUE ANALYSIS INFORMATION FORM

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Agency Name: Meridian Police Dept

Agency Case No: 1-14-008628 Type of Offense: Suicide

SHOOTING INFORMATION

Date and time shooting occurred: Date: 2/26/2014 Time: 3-6 pm

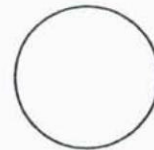
Place (Example — in kitchen, parking lot, indoor outdoor): Bathroom

Type of Firearm Used: Semi-auto Kimber Caliber: 45

Caliber of Ammunition Used: 45 Manufacturer of Ammunition: Winchester

Number of Shots Fired: 1

* Note: If cartridge manufacturer is unknown, draw head stamp here:



Base of Cartridge

SUSPECT INFORMATION

Suspect's Full Name: Christian S. Andreacchio

Suspect is: ☐ Living ☒ Dead

Suspect is: ☐ Right-handed ☐ Left-handed unk

Has suspect washed his/her hands since shooting? ☐ Yes ☐ No ☒ Unknown

Suspect's Occupation: Off shore worker

Brief description of suspect's activity between the time of the shooting and the time the GSR stubs were taken: unk

Collecting Officer's Name: Chris Scott

(Please Print)

Collecting Officer's Signature: Chris Scott

Date: 2/26/14 and Time: 5:40 pm of GSR collection.